

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

University Hospitals Health System, Inc.
c/o ACFB Incorporated
200 Public Square, Suite 2300
Cleveland, Ohio 44114



9590 9402 8262 3094 6591 49

2. Article Number (Transfer from service label)

9589 0710 5270 1262 0989 31

A. Signature

X *Thompson Apple*

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

ES, enter delivery address below:

☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Signature Confirmation™☐ Signature Confirmation Restricted Delivery



CLEVELAND OH 440

20 NOV 2023PM 2 L

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 8262 3094 6591 49

United States
Postal Service

• Sender: Please print your name and address

**Northern District of Ohio
Carl B. Stokes U.S. Court House
801 West Superior Avenue
Cleveland, Ohio 44113**

1:23-cv-02207-JPC

Winkelman v. VA